

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 119 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSOURI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES - MO		c. CITY OR TOWN ST. LOUIS -	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EMMAUS HOME		d. STREET ADDRESS (If outside, give location) 4408 ARSENAL	
3. NAME OF DECEASED (Type or print) First MAUDE Middle WANDER Last WOFF		4. DATE OF DEATH Month 4 Day 9 Year 63	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY H.W.	
11. BIRTHPLACE (City and state or country) VERSEVILLE - ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOSHIA SMITH		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ARTHUR (DECEASED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. MAUDE EOFF 6647 WINONA		17. INFORMANT MAUDE EOFF 6647 WINONA	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5Y	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1963 Month; Day, Year 7 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST. CHARLES MO	
21. I attended the deceased from 1961 to 1963 and last saw her april 5, 1963 alive on april 5, 1963 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED april 10, 1963	
22a. SIGNATURE W. Poggendorf MD		22b. ADDRESS St Charles MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR-11-1963	23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR SCHUMACHER FUN. HOME MERCER		25. DATE RECD. BY LOCAL REG. 4-10-63	26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side) 4/10/63

APR 22 1963

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STATEMENT BY LICENSED EMBALMER

0-14

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Haeupk

Licensed Embalmer No. 4746

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.